MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/528270 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/	/					51						
2		/		/				52						
3		/		/				53						
4		/		/				54						
5		/		/				55						
6		/		/				56						
7		/		/				57						
8		/		/				58						
9	/		/					59						
10	/			/				60						
11		/		/				61						
12		/		/				62						
13		/		/				63						
14		/		/				64						
15		/		/				65						
16				/				66						
17				/				67						
18				/				68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
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29								79						
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31								81						
32								82						
33								83						
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35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3		2					TOTAL IND.						
TOTAL DEP.	13		13					TOTAL DEP.						
TOTAL CLAIMS	16		15					TOTAL CLAIMS						

PTO-1360 (REV. 11-00)